

78929
FEB 2006**Application Data Sheet****Application Information****Application number:****Filing Date:****Application Type:** Regular**Subject Matter:** Utility**Suggested Classification:****Suggested Group Art Unit:****CD-ROM or CD-R:** None**Number of CD Disks:****Number of copies of CDs:****Sequence Submission?****Computer Readable Form (CRF)?****Number of Copies of CFR:****Title:** PORTABLE FIRE HYDRANT SYSTEMS**Attorney Docket Number:** PDC-0015**Request for Early Publication:** No**Request for Non-Publication:** No**Suggested Drawing Figure:** n/a**Total Drawing Sheets:** 26**Small Entity?:** Yes**Latin name:****Variety denomination name:****Petition included?:** No**Petition Type:****Licensed US Govt. Agency:****Contract or Grant Numbers:****Secrecy Order in Parent Appl.?:** No

Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	United States of America
Status:	Full Capacity
Given Name:	Wayne
Middle Name:	Edwin
Family Name:	Miller
Name Suffix:	
City of Residence:	Lancaster
State or Province of Residence:	Pennsylvania
Country of Residence:	United States of America
Street of mailing address:	652 Oakwood Lane
City of mailing address:	Lancaster
State or Province of mailing address:	Pennsylvania
Country of mailing address:	United States of America
Postal or Zip Code of mailing address:	17603

Correspondence Information

Correspondence Customer No.:	23377
Name:	
Street of Mailing Address:	
City of Mailing Address:	
State or Province of Mailing Address:	
Country of Mailing Address:	
Postal or Zip Code of Mailing Address:	
Phone number:	
Fax number:	

Representative Information

Representative Customer No.:	23377
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Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This is	An application claiming the benefit under 35 USC 119(e)	60/496,498	August 20, 2003
This is	An application claiming the benefit under 35 USC 119(e)	60/496,514	August 20, 2003

Foreign Priority Information

Country:	Application No.:	Filing Date:	Priority Claimed:
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Assignee Information

Assignee name:

Street of mailing address:

City of mailing address:

State or Province of mailing address:

Country of mailing address:

Postal or Zip Code of mailing address: